ATTACHMENT 5 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with <u>original signatures</u>. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

| 1. Commony Nama | 2 Televile | M | | 2- E N1 |
|---|-----------------|------------------------------|-----------|--------------------------|
| 1. Company Name Singh Group Inc | | one Number 213 <i>546</i> | 2 | 2a. Fax Number |
| 2b. Email Address adolf a Sgi we brite | | 10 - 10 | | () |
| 3. Address 1308 Descanso Ave | | Marcos, | CA | 92069 |
| Indicate your organization type: 4. ☐ Sole Proprietorship 5. | ☐ Partnersl | hip | | 6. Corporation |
| Indicate the applicable employee and/or corporation number 7. Federal Employee ID No. (FEIN) | | 8. California | Corpora | ition No. C 259 778 O |
| Indicate the Department of Industrial Relations information: 9. Contractor Registration Number | 1-00 | 000-4 | 621 | |
| Indicate applicable license and/or certification information: 10. Contractor's State Licensing Board Number 857561 | | 11. PUC Lica CAL-T- | ense Nur | nber |
| 12. Bidder' Name (Print) Adolf Singh | | 13. Title | Presid | dent |
| 14. Signature Adolf Singh 14. Signature | | 15. Date | 6, | lent 19/17 |
| 16. Are you certified with the Department of General Service Enterprise Services (OSDS) as: a. Small Business Enterprise Yes Yes No If yes, enter certification number: | b. Disable | | ness Ente | erprise Yes 🗌 No 🛮 |
| NOTE: A copy of your Certification is required to be includ | ed if either of | the above item | s is chec | ked "Yes". |
| Date application was submitted to OSDS, if an application is | pending: | | | |
| 17. Are you a Non-Small Business committing to the use of Yes No η/α | 25% Certified | d Small Busine | ss Subco | ontractor Participation? |
| If Yes, complete and return the Bidder Declaration form, GS | PD-05-105 w | ith your bid. | | |

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION BID PROPOSAL ADM-1412 (REV. 11/2015)

| ATTACHMENT | |
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| | | ATT | ATTACHMENT 1 | | |
|-----------------------------------|--|---|--|--|---------------------------------------|
| CONTRACTOR'S NAME (Please Print): | AME (Please Print): | | CONTRACT NO. | ī | |
| ITEM NO. | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | UNIT PRICE (Price Per Unit of Measure) | TOTAL (Estimated Quantity X Unit |
| | 21,000 (total hours) | Per Hour | Cost per hour/per person (based on a five (5) person crew) as described in Exhibit A, Scope of Work | \$ 30% | |
| (1) THE ABOVE QI GUARANTEE IS | THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPA GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. | ILY AND ARE GIVEN AS A E EXACT QUANTITY THAI | (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| (2) IN CASE OF DISCREPANCY B | SCREPANCY BETWEEN THE UN ALL PREVAIL. | IIT PRICE AND THE TOTAI | (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL. | TOTAL THIS PROPOSAL | \$ 650,000 |

Solicitation Number__

State of California—Department of General Services, Procurement Division GSPD-05-105 (REV 08/09)

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| a. Identify current California certification(s) (Mb, Sb, NVSA, DVBE): or None (IF \none |
|---|
|---|

If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary): 7

| 51% Rental? | 2 | | |
|--|---|-----|------------|
| Good Standing? | | | |
| Corresponding % of bid price | 2% | | |
| Work performed or goods provided for this contract | provide Laborer(s) to do landscape work up to 5% of the 8.d | , . | |
| CA Certification (MB, SB, NVSA, DVBE or None) | DV8E 1536200 | | · |
| Subcontractor Address & Email Address | 2 r. Santa Rosa, (A CA 95404 | | ; |
| Subcontractor Name, Contact Person, Phone Number & Fax Number | Brandon Butler Services 808 - 778-7311 | | |

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Page_1___of_2___

ATTACHMENT 11

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

Agreement Number 11A2621 Page 1 of 1

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of periury.

| SECTION 1 | | or perjury. | |
|---|--|---|---|
| Name of certified DVBE: Brandon Butter Ser | vices DV | BE Ref. Number: | 1536200 |
| Name of certified DVBE: <u>Brandon</u> <u>BJHer Ser</u> Description (materials/supplies/services/equipment proposed): | Laborer | for Land: | scape work |
| Solicitation/Contract Number: | | ber: | |
| | | (FOR STATE | USE ONLY) |
| SECTION 2 | | | |
| APPLIES TO ALL DVBEs. Check only one box in Section 2 a | nd provide original | signatures. | |
| I (we) declare that the <u>DVBE is not a broker or agent</u> , as defined materials, supplies, services or equipment listed above. Also | ned in Military and Vo, complete Section | eterans Code Se 3 below if renting | ction 999.2 (b), of equipment. |
| Pursuant to Military and Veterans Code Section 999.2 (f), I (very principal(s) listed below or on an attached sheet(s). (Pursual expended for equipment rented from equipment brokers pur credited toward the 3-percent DVBE participation goal.) | ant to Military and Ve | eterans Code 999. | 2 (e). State funds |
| All DV owners and managers of the DVBE (attach additional pages w | vith sufficient signature | blocks for each pers | on to sign): |
| | 751 | | |
| Brandon Butter Owner 100% (Printed Name of DV Owner/Manager) | | | 6-8-17 |
| (Printed Name of DV Owner/Manager) | (Signature of DV C | wner/ Manager) | (Date Signed) |
| (Printed Name of DV Owner/Manager) | (Signature of DV C | Owner/Manager) | (Date Signed) |
| Firm/Principal for whom the DVBE is acting as a broker or agent: | | | |
| (If more than one firm, list on extra sheets.) | | (Print or Type Name |) |
| Firm/Principal Phone: Address: | | | • |
| Address. | | | |
| SECTION 3 | | | |
| APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DEC | LARE THE DVBE IS | NOT A BROKE | ₹. |
| Pursuant to Military and Veterans Code Section 999.2 (c), (d) ownership of the DVBE, or a DV manager(s) of the DVBE. T accordance with Military and Veterans Code Section 999 et. s | he DVBE maintains | re) the DV(s) with certification requir | at least 51% rements in |
| The undersigned owner(s) own(s) at least 51% of the quantity for use in the contract identified above. I (we), the DV owners agency my (our) personal federal tax return(s) at time of certiveterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency as (c) and (g), will result in the DVBE being deemed an equipment | s of the equipment, h fication and annually disabled veteran equal defined in Military ar | ave submitted to to the | the administering ined in <i>Military and to submit their</i> |
| Disabled Veteran Owner(s) of the DVBE (attach additional pages with | signature blocks for ea | ach person to sign): | |
| (Printed Name) | (Signatur | re) | (Date Signed) |
| (Address of Owner) | (Telephone) | (Tax Identificatio | n Number of Owner) |
| Disabled Veteran Manager(s) of the DVBE (attach additional pages w | ith sufficient signature | blocks for each pers | on to sign): |
| (Printed Name of DV Manager) | (Cianatura of DI | / Managar) | (Data 6:====1) |
| (i filliod Name of DV Manager) | (Signature of DV | ivianager) | (Date Signed) |
| | | | Page of |

PRINT

CLEAR

Brandon Butler Services

2182 Nectarine Drive Santa Rosa, CA 95404 (808) 778-7511 DVBE No. 1536200



QUOTE

CUSTOMER NAME & ADDRESS

Singh Group Inc. 1308 Descanso Ave San Marcos, CA 92069

BILL TO

Singh Group Inc. 1308 Descanso Ave San Marcos, CA 92069

| | F MEASURE UNI | 25.00 \$ | TOTAL |
|-----|---------------|----------|-----------|
| | | | |
|) H | ourly \$ | 25.00 \$ | 31,500.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 31,500.00 |
| | | Total | Total \$ |

Customer Signature _

Acepted
6/8/17